

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
101644427
APPLICANT(S)

FILING DATE

3126107 CLAIMS

| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | | 18 | | | |
| TOTAL CLAIMS | | 23 | | | |

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| TOTAL IND. | | | | | | | | |
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| TOTAL CLAIMS | | | | | | | | |

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